

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

DAN MOODY OPTG. MGR SEALED POWER DIV SANFORDST. PLT 2001 SANFORD ST MUSKEGON MI 49443

RE: EPA ID #: MID980499735

In response to your request of MAY 1989 the following information

has been updated:

NAME INSTL, MAIL ADR,

CONTACT PERSON: PER ABOVE

OWNER! SEALED POWER TECH LP

WASTE CODES : PER NOTIF.

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi Information Section

RCRA Program Management Branch

cc: State Agency

File



EPA Form 8700-128 (4-80)

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	> °	MIT270010580	REACKNOWLEDGEMENT
		SEALED POWER COR 100 TERRACE PLAZ MUSKEGON	
INSTALLATION ADDRESS		2001 SANFORD ST MUSKEGON	MI 49444

09/28/81

United States Environmental Protection Agency Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Acti

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EPA Form 8700-12 (Rev. 11-85) Revelue mh

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only. U.S. ENVIRONMENT ROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line TON'S EPA through it and supply the correct information I.D. NO. in the appropriate section below. If the label is complete and correct, leave Items I, II, and III NAME OF INbelow blank. If you did not receive a preprinted label, complete all items. "Installation" means a INSTALLA-TION MAILING single site where hazardous waste is generated, PLEASE PLACE LABEL IN THIS SPACE treated, stored and/or disposed of, or a trans-ADDRESS porter's principal place of business. Please refer 000028 AUG 58 80 to the INSTRUCTIONS FOR FILING NOTIFI-CATION before completing this form. The PART A WITHDRAWAL APPROVED information requested herein is required by law IIL OF INSTAL-LATION (Section 3010 of the Resource Conservation and TSD DELETED Recovery Act). FOR OFFICIAL USE ONLY 100 210010000 I. NAME OF INSTALLATION POR OR AL E WE II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX Z L 00 RRA C E P A CITY OR TOWN ZIP CODE SKE 4 4 M U GON M I 4 9 4 III. LOCATION OF INSTALLATION STREET OR ROUTE NUMBER A N F R T R CITY OR TOWN ZIP CODE S MU K E GO N Н E I G H 4 9 IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.) 2 G I R V N A N N V R ONMENTAL N V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER 8 S WE R 0 RPORATION EALED 0 15 16 B. TYPE OF OWNERSHIP (enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) X A. GENERATION B. TRANSPORTATION (complete item VII) = FEDERAL M M = NON-FEDERAL C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es)) C. HIGHWAY D. WATER __ E. OTHER (specify): A. AIR B. RAIL VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below. X A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C) IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

AUG 08 1980

CONTINUE ON REVERSE

IX. DESCRIPTION OF HA	ZARDOUS WAST	ES (continued from)	ront)		
A. HAZARDOUS WASTES FRO waste from non-specific sou				40 CFR Part 261.31 for	each listed hazardous
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7	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
			8 8 - 210		
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B, HAZARDOUS WASTES FRO specific industrial sources you				R Part 261,32 for each li	sted hazardous waste from
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	23 - 26				
C. COMMERCIAL CHEMICAL stance your installation hand	PRODUCT HAZAR				3 for each chemical sub-
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37	38	39	40	41	42
				had a had a	Figure 1849
23 - 26	23 - 26	45	23 26	23 - 26 47	23 - 26
D. LISTED INFECTIOUS WAS	TEC Enter the four	digit supplies from 40	23 - 26 CEP Part 261 24 for co	ch listed hazardous waste	from bospitals, votorinary
hospitals, medical and resear					mon nospitals, veterinary
49	50	51	52	53	5-6
23 - 26	23 - 26	23 - 26	23 - 26	23 + 26	23 - 26
E. CHARACTERISTICS OF NO hazardous wastes your install	ON-LISTED HAZAI ation handles. (See	RDOUS WASTES. Mark 40 CFR Parts 261.21 —	."X" in the boxes corre 261.24.)	sponding to the characte	ristics of non-listed
L. IGNITABLE		X2. CORROSIVE	X3. REAC		X 4. TOXIC
X. CERTIFICATION					
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EPA Form 8700-12 (6-80) REVERSE

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EPA Form 8700-12 (6-80)

Form Approved OMB No. 158-S79016

CONTINUE ON REVERSE

GSA No. 0246-EPA-OT

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EPA Form 8700-12 (6-80) REVERSE

SEALED PF)WER

July 3, 1984

Mr. Karl Klepitsch, Jr.
Chief, Waste Management Branch
U. S. Environmental Protection Agency Region V
111 West Jackson Blvd.
Chicago, Il 60604

Dear Mr. Klepitsch:

Re: June 1, 1984, Amendment to Part "A"
Form for Facility #MID006024129 MID980499735 G, PA-H

In our amended Part "A" which was submitted on June 1, 1984, we inadvertently included the wrong information on Page 1 and Page 3. In both cases, the process code which is shown as TO1 should be SO2.

I hope that this letter will be sufficient documentation of this change and that it will not be necessary for us to resubmit this amendment.

If this does cause a problem, please call me.

Sincerely,

Daniel T. Girvan, P.E. Environmental and Energy

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Manager

0718/mtm



WMD-RAIU EPA, REGION V WASTE MANAGEMENT BRANCH

SEALED POWER



WASTE MANAGEMENT BRANCH

Mr. Karl Klepitsch, Jr.
Chief, Waste Management Branch
U. S. Environmental Protection Agency Region V
111 West Jackson Blvd.
Chicago, IL 60604
MID 980 499735 G, PA-H

Dear Mr. Klepitsch:

Attached is an amended Part "A" hazardous waste permit application for our facility located at 2001 Sanford Street, Muskegon, Michigan. This application is being resubmitted as the result of discussions with the Michigan Department of Natural Resources in which they expressed a concern that a part of our activity should be permitted as a storage facility.

In August of 1980, our original application was submitted while we were conducting pilot operations to recover trichloroethylene from FOO1 still bottoms which were being generated at this plant. As it became apparent that this process was, in fact, a continuation of our solvent degreasing, a request was submitted to withdraw the application and to retain our status as a hazardous waste generator. As time has passed, the concept of minimizing our solvent waste has proven to be a wise decision, and our other plants have sought to be included. Since these solvents are being handled within our own plants and in many cases on our trucks, it has been our position that it is an in-process material and not a waste. This is a position that is strongly supported both by the inherent value of the solvent and by the intent of the U. S. E. P. A. as expressed in Part V of the preamble to the April 4, 1983, proposed changes to 40 CFR.

Although we feel that we have been operating in compliance with the intent of the RCRA Act and Rules, we need to insure absolute compliance and, hence, we wish to ask your office to proceed with the processing of VFD

JUN 0 6 1984 WMD-RAIU EPA, REGION V Mr. Karl Klepitsch. Jr. June 1, 1984 Page 2

our amended Part A. It is our intent to comply with the applicable sections of the interim status rules while you are reviewing our application. If you have any questions, I would be pleased to address them.

Sincerely,

SEALED POWER CORPORATION

Daniel T. Girvan

Environmental and Energy

Manager

0661/mtm

Attachments



UNITED STATES EPARONMENTAL PROTECTION AGENCY REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

JUN 14 1983

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

J. F. Kolbe, Group Vice President Sealed Power Corporation 100 Terrace Plaza Muskegon, Michigan 49443

RE: Withdrawal of Part A (Protective Filing)

FACILITY NAME: Sealed Power Corporation

USEPA ID NO.: MIT 270 101 580

Dear Mr. Kolbe:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of November 2, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has not, since November 19, 1980, treated, stored, or disposed of hazardous waste, and this permit application was a protective filing. It is the opinion of this office, based on the information submitted, that your facility is not required to have a nazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Protective Filing)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

cc: Daniel T. Girvan, Environmental Engineer N. F. Kruse, Vice President

MDNR 1



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

9 1982 DEC

GIRVAN DAN ENVIR ENG SEALED POWER CORPPORATION 100 TERRACE PLAZA

MUSKEGON

MI 49443

FACILITY: 2001 SANFORD ST

LUCATION: MUSKEGON

MI 49444

ID NO.:

MIT270010580

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010580

NEW I.D. NO.: MID980499735

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

cc: Facility owner



UNITED STATES L. VIRONMENTAL PROTECTION AGL..CY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

0 4 NOV 1982

Mr. Daniel T. Girvan, Environmental Engineer Sealed Power Corporation 100 Terrace Plaza Muskegon, Michigan 49443

RE: Permit Application Withdrawal Letter FACILITY: Sealed Power Corporation USEPA ID NO.: MIT 270 101 580

Dear Mr. Girvan:

This is to acknowledge receipt of your letter of <u>August 31,1981</u> requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 122.6 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosures

cc: N.F. Kruse, Vice President

PLEASE NOTE

We have a new mailing address for all Region V RCRA activities.

RCRA ACTIVITIES
Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

The following RGRA activities should be submitted to the address above:

- a. Inquiries on ID numbers;
- b. Notification of Hazardous Waste Activity (EPA Form 8700-12);
- c. Part A of the RCRA treatment, storage, and/or disposal (TSD) facility permit application, Form 1 (EPA Form 3510-1) and Form 3 (EPA Form 3510-3);
- d. Part B of the RCRA TSD facility permit application;
- Manifest reports (exception, discrepancy and unmanifested waste);
- f, Financial responsibility documents; and
- g. Annual reports.

You can get information and answers to specific questions relating to Interim Status Standards and the Federal hazardous waste management program in your State by calling (312) 353-2197 and asking for RCRA hazardous waste regulations assistance. Region V has numerous technical staff who are available to help industry comply with the hazardous waste regulations under RCRA. Trained professionals provide accurate, up-to-date general information on the regulations and also answer questions regarding specific problems.

§ 122.6 Signatories to permit applications and reports.

(Applicable to State programs, see § 123.7.)

- (a) Applications. All permit applications, except those submitted for Class II wells under the UIC program (see paragraph (b) of this section), shall be signed as follows:
- (1) For a corporation: by a principal executive officer of at least the level of vice-president;
- (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.
- (b) Reports. All reports required by permits, other information requested by the Director, and all permit applications submitted for Class II wells under § 122.38 for the UIC program shall be signed by a person described in paragraph (a) of this section, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
- (1) The authorization is made in writing by a person described in paragraph (a) of this section;
- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility. (A duly authorized representative may thus be either a named individual or any individual foccupying a named position.); and

(3) The written authorization is submitted to the Director.

(c) Changes to authorization. If an authorization under paragraph (b) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of paragraph (b) of this section must be submitted to the Director prior to or together with any reports, information, or applications to be signed by an authorized representative.

(d) Certification. Any person signing a document under paragraph (a) or (b) of this section shall make the follow-

ing certification:

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penaltics for submitting false information, including the possibility of fine and imprisonment."

Subpart G-Closure and Post-Closure

Source: 46 FR 2875, Jan. 12, 1981, unless otherwise noted.

Effective Date Note: Subpart G was revised at 46 FR 2875, Jan. 12, 1981, effective July 13, 1981. For the convenience of the user, the superseded text follows this new Subpart G.

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§ 265.110 Applicability.

Except as § 265.1 provides otherwise:

- (a) Sections 265.111-265.115 (which concern closure) apply to the owners and operators of all hazardous waste management facilities; and
- (b) Sections 265.117-265.120 (which concern post-closure care) apply to the owners and operators of all hazardous waste disposal facilities.

§ 265.111 Closure performance standard.

The owner or operator must close his facility in a manner that:

- (a) Minimizes the need for further maintenance, and
- (b) Controls, minimizes or eliminates, to the extent necessary to protect human health and the environment, post-closure escape of hazardous waste, hazardous waste constituents, leachate, contaminated rainfall, or waste decomposition products to the ground or surface waters or to the atmosphere.

§ 265.112 Closure plan; amendment of plan.

- (a) By May 19, 1981, the owner or operator must have a written closure plan. He must keep a copy of the closure plan and all revisions to the plan at the facility until closure is completed and certified in accordance with § 265.115. This plan must identify the steps necessary to completely or partially close the facility at any point during its intended operating life and to completely close the facility at the end of its intended operating life. The closure plan must include, at least:
- (1) A description of how and when the facility will be partially closed, if applicable, and finally closed. The description must identify the maximum extent of the operation which will be unclosed during the life of the facility. and how the requirements of · §§ 265.111, 265.113, 265.114, and 265.115 and the applicable closure requirements of §§ 265.197, 265.228, 265.280, 265.310, 265.351, 265.381, and 265.404 will be met;
- (2) An estimate of the maximum inventory of wastes in storage and in treatment at any time during the life of the facility;
- (3) A description of the steps needed to decontaminate facility equipment during closure; and

(4) An estimate of the expected year of closure and a schedule for final closure. The schedule must include, at a minimum, the total time required to close the facility and the time required for intervening closure activities which will allow tracking of the progress of closure. (For example, in the case of a landfill, estimates of the time required to treat and dispose of all waste inventory and of the time required to place a final cover must be included.)

(b) The owner or operator may amend his closure plan at any time during the active life of the facility. (The active life of the facility is that period during which wastes are periodically received.) The owner or operator must amend the plan whenever changes in operating plans or facility design affect the closure plan, or whenever there is a change in the expected year of closure of the facility. The plan must be amended within 60 days of the changes.

(c) The owner or operator must submit his closure plan to the Regional Administrator at least 180 days before the date he expects to begin closure. The owner or operator must submit his closure plan to the Regional Administrator no later than 15 days after.

(1) termination of interim status (except when a permit is issued to the facility simultaneously with termination of interim status; or

(2) issuance of a judicial decree or compliance order under Section 3008 of RCRA to cease receiving wastes or close.

[Comment: The date when closure commences should be within 30 days after the date on which the owner or operator expects to receive the final volume of wastes.]

(d) The Regional Administrator will provide the owner or operator and the public, through a newspaper notice, the opportunity to submit written comments on the plan and request modifications of the plan within 30 days of the date of the notice. He will also, in response to a request or at his own discretion, hold a public hearing whenever such a hearing might clarify one or more issues concerning a closure plan. The Regional Administrator will give public notice of the hearing at least 30 days before it occurs.

(Public notice of the hearing may be given at the same time as notice of the opportunity for the public to submit written comments, and the two notices may be combined.) The Regional Administrator will approve, modify, or disapprove the plan within 90 days of its receipt. If the Regional Administrator does not approve the plan, the owner or operator must modify the plan or submit a new plan for approval within 30 days. The Regional Administrator will approve or modify this plan in writing within 60 days. If the Regional Administrator modifies the plan, this modified plan becomes the approved closure plan. The Regional Administrator's decision must assure that the approved closure plan is con-§§ 265.111, 265.113, sistent with 265.114, and 265.115 and the applicable requirements of §§ 265.197, 265.228, 265.280, 265.310, 265.351, 265.381 and 265,404. A copy of this modified plan must be mailed to the owner or operator. If the owner or operator plans to begin closure before November 19, 1981 he must submit the closure plan by May 19, 1981.

§ 265.113 Closure; time allowed for closure:

- (a) Within 90 days after receiving the final volume of hazardous wastes, or 90 days after approval of the closure plan, if that is later, the owner or operator must treat, remove from the site, or dispose of on-site all hazardous wastes in accordance with the approved closure plan. The Regional Administrator may approve a longer period using the procedures under § 265.112(d) if the owner or operator demonstrates that:
- (1)(i) The activities required to comply with this paragraph will, of necessity, take him longer than 90 days to complete; or
- (ii)(A) The facility has the capacity to receive additional wastes;
- (B) There is a reasonable likelihood that a person other than the owner or operator will recommence operation of the site; and
- (C) Closure of the facility would be incompatible with continued operation of the site; and

- (2) He has taken and will continue to take all steps to prevent threats to human health and the environment.
- (b) The owner or operator must complete closure activities in accordance with the approved closure plan and within 180 days after receiving the final volume of wastes or 180 days after approval of the closure plan, if that is later. The Regional Administrator may approve a longer closure period using the procedures under § 265.112(c) if the owner or operator demonstrates that:
- (1)(i) The closure activities will, of necessity, take him longer than 180 days to complete; or
- (ii)(A) The facility has the capacity to receive additional waste;
- (B) There is a reasonable likelihood that a person other than the owner or operator will recommence operation of the site:
- (C) Closure of the facility would be incompatible with continued operation of the site; and
- (2) He has taken and will continue to take all steps to prevent threats to human health and the environment from the unclosed but inactive facility.

[Comment: Under paragraphs (a)(1)(ii) and (b)(1)(ii), or this Section, if operation of the facility is recommenced, the Regional Administrator may defer completion of closure activities until the new operation is terminated)

§ 265,114 Disposal or decontamination of equipment.

When closure is completed, all facility equipment and structures must have been properly disposed of, or decontaminated by removing all hazardous waste and residues.

§ 265.115 Certification of closure.

When closure is completed, the owner or operator must submit to the Regional Administrator certification both by the owner or operator and by an independent registered professional engineer that the facility has been closed in accordance with the specifications in the approved closure plan.

ealed Power Corporation
100 Terrace Plaza, Muskegon, MI 49443 Telephone 216-724-5011, Telex 228464

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November 2, 1982

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WASTE MANAGEMENT BRANCH EPA, REGION V

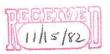
Mr. Karl Klepitsch, Jr. Chief, Waste Management Branch U. S. E.P.A. Region V 111 West Jackson Blvd. Chicago, IL 60604

Dear Mr. Klepitsch:

Re: Interim Status Compliance for Hazardous Waste Facilities

During August of 1980, Part A (Hazardous Waste Facility Application) was submitted for five Sealed Power Corporation manufacturing facilities. At that time, the regulations being adopted by the E.P.A. seemed to indicate that each of these plants may ultimately be regulated as a hazardous waste treatment facility. Since this possibility did exist and since the penalty for not filing a Part A by the required date could have been curtailment of our manufacturing operations, we felt that it was good insurance to submit these Part A's. Later we could determine their true applicability as the additional rules were put in place and as the way in which those rules would be interpreted became clearer.

Since that date, we have monitored the continuing application of the RCRA rules and have closely studied how these rules affect our manufacturing facilities. It is now our opinion that none of these five facilities is, in fact, a hazardous waste treatment, storage, or disposal facility, and we request that they be removed from the system. Each of these facilities along with the rest of our manufacturing plants will continue to be involved with the RCRA rules as hazardous waste generators, and we feel they will be adequately regulated as such. In addition to RCRA rules, each of these facilities operates under and is regulated by NPDES programs, air quality permits, industrial pretreatment standards, State, County, and City discharge ordinances, and Michigan Act 64 Rules. These facilities are not now, nor have they in the past, conducted hazardous waste disposal, treatment, or storage activities, and consequently we feel that a closure plan as described in 40 CFR Part 265 is not required.



Mr. Karl Klepitsch, Jr. November 2, 1982 Page 2

By this letter, we wish to cancel the Part A applications for the five facilities listed below:

<u>Plant</u>	1. D. # not on P.O
Sanford Street	MIT270010580 (MID006024129)
Hy-Lift #1	MID060174125 G プラ C ペA /
Harvey Street	MID043682327 C, とろ, i MID078920121 C, ナシロ, eA
Dowagiac	MID078920121 <i>C</i> プナシ <i>の。</i> ドA
St. Johns	MID005515614 <i>C</i> (で A

If any additional information is required, please contact Mr. Dan Girvan at 616/724-5235.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.

Sincerely,

J. F. Kolbe

Group Vice President

mtm

SEALED POWER

August 31, 1981

Director Region V EPA P. O. Box 7861 Chicago, IL 60680

Dear Sir:

Re: Interim Status Compliance for Hazardous Waste Facilities

During August of 1980, Part A (Hazardous Waste Facility Applications) were submitted for five Sealed Power manufacturing facilities. At that time, the regulations being adopted by the EPA seemed to indicate that each of these plants may ultimately be regulated as a hazardous waste treatment facility. Since this possibility did exist and since the penalty for not filing a Part A by the required date could have been curtailment of our manufacturing operations, we felt that it was good insurance to submit these Part A's. Later we could determine their true applicability as the additional rules were put in place and as the way in which the rules would be interpreted became more clear.

Since that date, we have monitored the continuing application of the RCRA rules and have closely studied how these rules affect our manufacturing facilities. It is now our opinion that none of these five facilities is, in fact, a hazardous waste treatment, storage, or disposal facility, and we request that they be removed from the system. Each of these facilities along with the rest of our manufacturing plants will continue to be involved with the RCRA rules as hazardous waste generators, and we feel they will be adequately regulated as such. In addition to RCRA rules, each of these facilities operates under and is regulated by NPDES programs, air quality permits, industrial pretreatment standards, State, County, and City discharge ordinances, and Michigan Act 64 Rules.

By this letter we wish to cancel the Part A applications for the five facilities listed below:

I.D. #
MIT270010580 (MID006024129)
MID060174125 of
MID043682327 ok
MID078920121 on
MID005515614 ok



Director - Region V EPA August 31, 1981 Page 2

If any additional information is required or if there is a formal process that we should use, please contact me and we will provide whatever assistance is needed.

Sincerely,

SEALED POWER CORPORATION

Daniel T. Girvan

Environmental Engineer

mtm



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 5

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

NOV 15 1984

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Daniel T. Girvan-P.E., Environmental Energy Manager Sealed Power Company 100 Terrace Plaza Muskegon, Michigan 49443

USEPA ID No. MID930499735 RE: Changes made on Part A Application

Dear Mr. Girvan:

This is to confirm the telephone discussion, including the resultant agreements that Lisa Pierard, on behalf of the United States Environmental Protection Agency, has established with you on October 24, 1984. These agreements concern changes and/or corrections necessary to update the Part A Hazardous Waste Permit Application for the facility identified above.

A copy of your corrected Part A application is enclosed for your records. The items corrected on the basis of the above referenced agreements are circled in red ink. This information will be included in your official application file. If the revised form is not accurate, please make the necessary changes and return it within 30 days to the address below:

RCRA ACTIVITIES
Region V
P. O. Box A 3587
Chicago, Illinois 60690-3587

Please contact me at (312) 886-7449 or Lisa Pierard at (312) 886-6173 if you have any questions concerning this transaction.

Sincerely yours,

Arthur S. Kawatachi Regional Project Officer

aualachi

Enclosure

STATE OF MICHIGAN

NATURAL RESOURCES COMMISSION THOMAS J ANDERSON MARLENE J FLUHARTY KERRY KAMMER O STEWART MYERS DAVID D OLSON RAYMOND POUPORE



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T MASON BUILDING BOX 30028 LANSING, MI 48909

GORDON E GUYER Director

May 6, 1988

CERTIFIED MAIL

Mr. Daniel Girvan Sealed Power Corporation 100 Terrace Plaza Muskegon, Michigan 49443

Dear Mr. Girvan:

SUBJECT: Sealed Power Corporation

Act 64 Operating License Application

MID 980 499 735

In 1984, the Federal Resource Conservation and Recovery Act (RCRA) was amended by the Hazardous and Solid Waste Amendments (HSWA) to require a final decision on all permit applications for hazardous waste storage facilities by November 8, 1992. In order to meet the HSWA permit issuance deadline, the Michigan Department of Natural Resources is hereby formally calling in the Act 64 (1979 PA 64, as amended) operating license application for your hazardous waste treatment facility located at 2001 Sanford Street, Muskegon, Michigan. This call-in is being made pursuant to MAC R 299.9502. As specified in R 299.9502(3)(b), an owner or operator of a storage facility must submit a complete operating license application within 120 days of being requested to do so. As an agent for the U.S. Environmental Protection Agency, the Department is also calling in the HSWA portion of your permit application pursuant to Section 3004(u) of RCRA. The operating license will have a federally issued portion and a state issued portion. This dual permitting results because Michigan has not yet received final authorization for all portions of HSWA.

If you do not intend to continue to operate the facility, you may submit a closure plan in lieu of the requested operating license application. The closure plan must meet the requirements of 40 CFR 264 Subpart G, in accordance with and as adopted by reference in R 299.9601(3) and (8). If you desire to pursue this option, you must submit a complete closure plan no later than September 8, 1988.

The following comments will assist you in satisfying this request:

 If you intend to submit an operating license application, an application form and a detailed instruction package are enclosed for your use. Instructions for preparing a closure plan may be obtained by calling the Hazardous Waste Permits Unit at 517-373-2730. Mr. Girvan Page 2 May 6, 1988

Portions of the application will be extracted and made enforceable provisions of your license. As such, they must be submitted as complete, free standing documents to allow easy attachment to the license. Each item should be precisely written with specific schedules and commitments. Generalities and discretionary language should be avoided whenever possible. The following items are the primary attachments to the Act 64 license:

- a. Waste analysis plan;
- b. Inspection schedule;
- c. Personnel training program;
- d. Contingency plan;
- e. Closure and post-closure plan (including cost estimates);
- f. Facility plans and specifications;
- g. Procedures for all environmental monitoring carried out at the facility.
- 2. If applicable, the operating license application must include a corrective action program to achieve compliance with Section 3004(u) of RCRA. The RCRA portion of a hazardous waste permit (that portion addressing HSWA requirements) cannot be issued until the requirements of Section 3004(u) are met. Section 3004(u) requires "corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage or disposal facility seeking a permit under this subtitle." The provisions of HSWA require that decisions on permit applications be made on a rigid time schedule.

Please submit ten copies of your Act 64 operating license application by September 8, 1988. If you desire to close the facility in lieu of obtaining a permit, please submit a complete closure plan by the date specified previously. The Department recommends that you contact the Hazardous Waste Permits Unit as soon as possible to discuss the requirements outlined in this letter. Failure to submit the requested information within the time period indicated may result in the denial of your applications under Act 64 and RCRA.

Information obtained by the Department through an operating license application is routinely treated as a public record, as provided in the Freedom of Information Act, 1976 PA 442. A record, permit application, or other information, or a portion of a record, permit application, or other information furnished to or obtained by the Department or its agents under Act 64, may be designated confidential, for use only by the Department. If this option is pursued, however, detailed justification for the confidentiality request must be submitted with the Act 64 application. Please submit all confidential material in a sealed envelope marked "confidential material enclosed" and indicate same in your transmittal letter.

Mr. Girvan Page 3 May 6, 1988

If you have questions, please contact the Hazardous Waste Permits Unit, Waste Management Division, at 517-373-2730.

Sincerely,

Gordon E. Guyer

\CTING Director 517-373-2329

cc: Ms. Marilyn Sabadaszka, U.S. EPA

Mr. Richard Traub, U.S. EPA

Mr. Alan Howard, DNR

Mr. John Bohunsky, DNR/District DNR

Mr. Ken Burda, DNR/Operating License File

Pleas, print or type in the unshaded areas only in areas are spaced for elite type, i.e., 12 characters fit	nch).			Form Approved OMB No. 1	58-R0175
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II. EPA I.D. NUMBER	409	72	_	it in the designated space.	Review the inform
III. FACILITY NAME)	through it and enter the appropriate fill—in area be	correct data in th
FACILITY CEATED DO	45		PORATIO	the preprinted data is abse	nt (the area to th
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VI. FACILITY VI. LOCATION	,	1,5	,5	EPA, REGION must be completed regard items if no label has been the instructions for detailed	provided, Refer 1
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II. POLLUTANT CHARACTERISTICS					
questions, you must submit this form and the supplem if the supplemental form is attached. If you answer "i	ental no" to	form li each o	sted in the	submit any permit application forms to the EPA. If you and e parenthesis following the question. Mark "X" in the box in you need not submit any of these forms. You may answer "no so, Section U of the instructions for definitions of bold—face	the third column " if your activity
SPECIFIC QUESTIONS	-	MAR	FORM ATTACHED	SPECIFIC QUESTIONS	YES NO ATTACH
A. Is this facility a publicly owned treatment wor which results in a discharge to waters of the U.S (FORM 2A)		x		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	x
C. Is this a facility which currently results in discharge to waters of the U.S. other than those described	jes _,	6 17	10	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to	X X
A or B above? (FORM 2C)	157	2 23	24	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or	
E. Does or will this facility treat, store, or dispose hazardous wastes? (FORM 3)	X		X 30	municipal effluent below the lowermost stratum con- taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any product water or other fluids which are brought to the surfacility connection with conventional oil or natural gas p	ce	X		H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch	37
duction, inject fluids used for enhanced recovery oil or natural gas, or inject fluids for storage of liqu		^		process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which	is	4 35	36	J. Is this facility a proposed stationary source which is	
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EPA Form 3510-1 (6-80)		23/030 (63)	/(c) (c)	40 41 42 47 - 51 52 - 54 CONT	INUE ON REVER

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VII. SIC CODES (4-digit, in order of priority)	The state of the s	
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7 3,3,2,1 GREY IRON FOUNDRY		ACHINING
C-THIRD	15 16 - 19	D. FOURTH
E (specify)	c (specify)	
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VIII. OPERATOR INFORMATION	· 经销售的主动的自由企业等	
A, NAME	, , , , , , , , , , , , , , , , , , , 	B. Is the name listed in Item VIII-A also the
8 SEALED POWER CORPORATIO	N	owner?
18 98		, TES INO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer	r box; if "Other", specify.)	D. PHONE (area code & no.)
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Attach to this application a topographic map of the area extending t		
the outline of the facility, the location of each of its existing and p treatment, storage, or disposal facilities, and each well where it inje		
water bodies in the map area, See instructions for precise requirement	ts.	er formalist in the same street, and the same stree
XII. NATURE OF BUSINESS (pravide a brief description)		THE PROPERTY OF THE PARTY OF TH
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This facility consists of a grey iro	n foundry and mach	ining operations
producing piston rings and other sma		
XIII. CERTIFICATION (see instructions)	The second se	
I certify under penalty of law that I have personally examined and	om familiar with the inform	ation submitted in this ennlication and all
attachments and that, based on my inquiry of those persons imm	nediately responsible for ob	taining the information contained in the
application, I believe that the information is true, accurate and con	nplete. I am aware that the	
false information, including the possibility of fine and imprisonment.		
N. F. Kruse	1 A	C. DATE SIGNED
Group Vice President, Power Products Group	MILLE	11/18/80
COMMENTS FOR OFFICIAL USE ONLY		
	the state of the s	

e print or type in the unshaded areas only —in areas are spaced for elite type, i.e., 12 characters/inch).		Form Approved	OMB No. 158-S80004
1 A LON HAZARLOUS WASTE	Permits Program	TION SMIDO	UMBER 1 1 2 9 7/A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FOR OFFICIAL USE ONLY APPLICATION DATE RECEIVED (yr., mo., & day)	co	MMENTS HID 9	80 499 735
25 24 - 29 NAVION			
II. FIRST OR REVISED APPLICATION Place an "X" in the appropriate box in A or B below (mark one box of			
revised application. If this is your first application and you already keep I.D. Number in Item I above. A. FIRST APPLICATION (place an "X" below and provide the a		. Number, or it this is a revised	application, enter your facility's
1. EXISTING FACILITY (See instructions for definition of Complete item below.)		2.NEW FACI	LITY (Complete item below.) FOR NEW FACILITIES, PROVIDE THE DATE
8 1 2 DAY OPERATION BEGAN OR THE DATE (use the boxes to the left)			DAY (yr, mo., & day) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN
B. REVISED APPLICATION (place an "X" below and complete	Item I above)	and the same of the sales of	HAS A RCRA PERMIT
III. PROCESSES – CODES AND DESIGN CAPACITIES			
A. PROCESS CODE — Enter the code from the list of process codes entering codes. If more lines are needed, enter the code(s) in the describe the process (including its design capacity) in the space process.	space provided. If a processovided on the form (Item II	s will be used that is not include (I-C).	cility. Ten lines are provided for ad in the list of codes below, then
 PROCESS DESIGN CAPACITY — For each code entered in column AMOUNT — Enter the amount, UNIT OF MEASURE — For each amount entered in column B 	(1), enter the code from th		ow that describes the unit of
measure used. Only the units of measure that are listed below PRO-APPROPRIATE UNITS		PRO-	APPROPRIATE UNITS OF
CESS MEASURE FOR PROCESS CODE DESIGN CAPACIT	ESS	CESS CODE	MEASURE FOR PROCESS DESIGN CAPACITY
Storage: CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS	Treatment:	T01	GALLONS PER DAY OR
TANK S02 GALLONS OR LITERS WASTE PILE S03 CUBIC YARDS OR CUBIC METERS		POUNDMENT T02	LITERS PER DAY GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT 504 GALLONS OR LITERS	INCINERATO	DR T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR
Disposal: INJECTION WELL D79 GALLONS OR LITERS LANDFILL D80 ACRE-FEET (the volum	e that OTHER (Use	for physical, chemical, T04	LITERS PER HOUR GALLONS PER DAY OR
would cover one acre to depth of one foot) OR HECTARE-METER	a thermal or bio	logical treatment occurring in tanks, ndments or inciner-	LITERS PER DAY
LAND APPLICATION D81 ACRES OR HECTARES OCEAN DISPOSAL D82 GALLONS PER DAY O LITERS PER DAY	ators. Describ	e the processes in ided; Item III-C.)	
SURFACE IMPOUNDMENT D83 GALLONS OR LITERS UNIT OF		NIT OF	UNIT OF
UNIT OF MEASURE CODE UNIT OF I	MEASURE	EASURE CODE UNIT OF ME	The state of the s
LITERS TONS PER	ER DAY	D HECTARE-M	
GALLONS PER DAY U LITERS P	PER HOUR	. , н	
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X- other can hold 400 gallons. The facility also has an incinerator that of			ank can hold 200 gallons and the
S			
B. PROCESS DESIGN CAPACITY	FOR W A. PRO	B. PROCESS DESIG	N CAPACITY FOR
ME CODE	PERCIAL DI CESS	1. AMOUNT	2. UNIT OF MEA- SURE USE
JZ code)	ONL 1 52 above)		(enter ONLY code)
$X-1 \begin{array}{ c c c c c c c c c c c c c c c c c c c$	5 5 5	19 -	27 28 28 - 32
X-2 T 0 3 20 E			
1 TO1 60 U	7		
² So ₂ 6000 G	8		
3	9		
4 16 - 18 19 - 27 20	10	19	27 28 29 - 32

TTT	PROCESSES	(continued)	í

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES ($code\ "T04"$). FOR EACH PROCESS ENTERED HER INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate

ENGLISH UNIT OF MEAS	URE	CODE	METRIC UNIT OF	MEASURE	CODE
POUNDS.		P	KILOGRAMS		, , , , , , , , , к
TONS			METRIC TONS		М

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

NIN NO.	A. EPA HAZARD. B. ESTIMATED ANNUAL WASTENO (enter code) QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4 900	P	T 0 3 D 8 0
X-2	D 0 0 2 400	P	T 0 3 D 8 0
X-3	D 0 0 1 100	P	T 0 3 D 8 0
X-4	D 0 0 2		included with above

EPA Form 3510-3 (6-80)

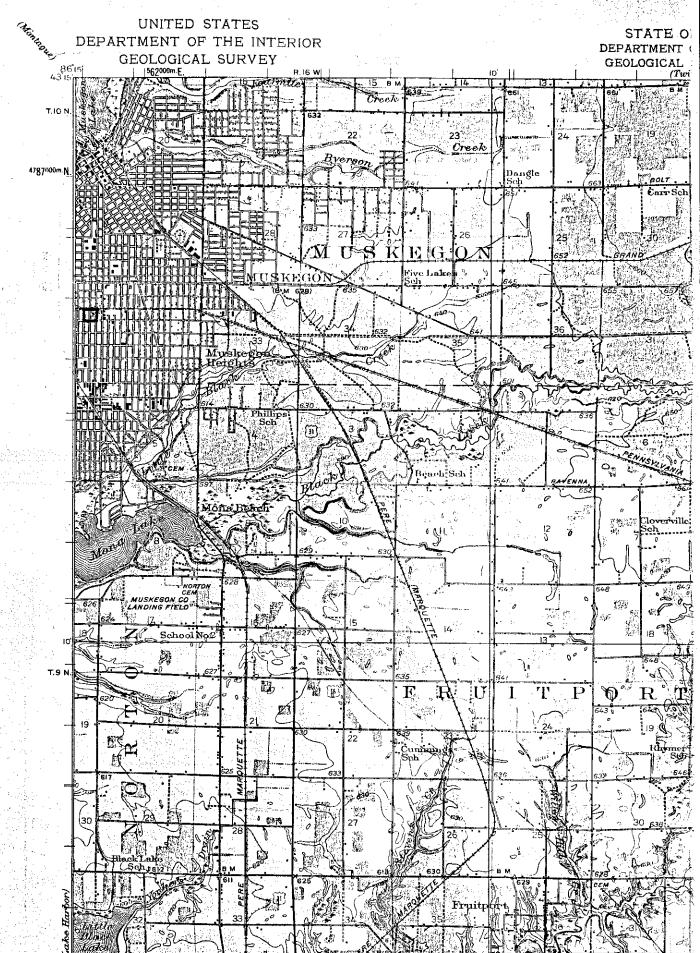
23

24

25

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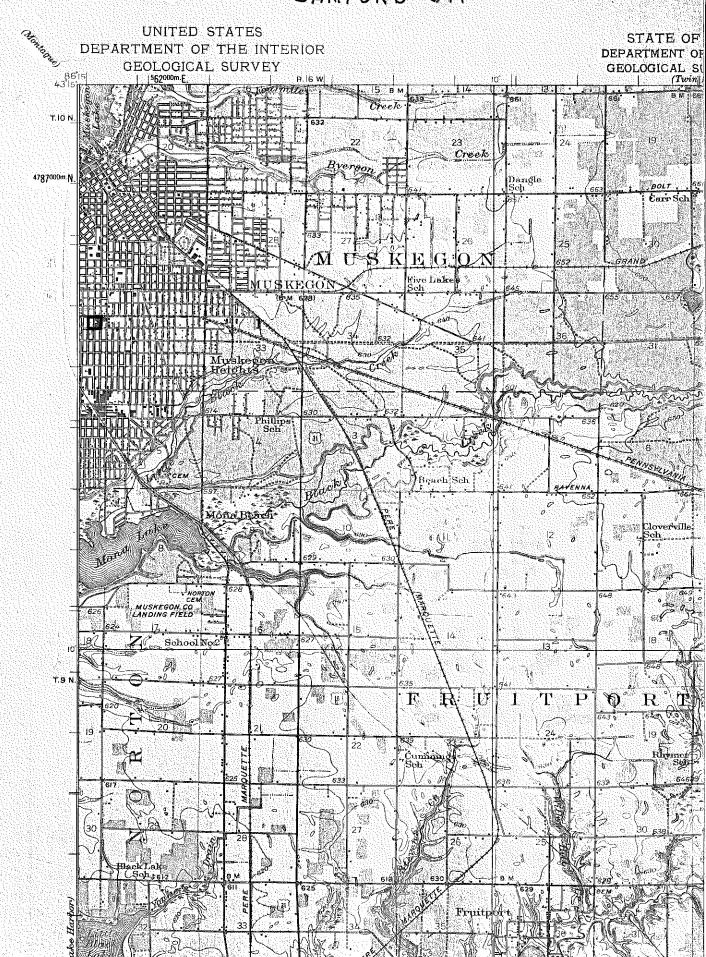
Continued from the front.		
	ontinued)	and the second s
E. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FROM ITEM D(1) ON PAC	GE 3.
· · · · · · · · · · · · · · · · · · ·		***************************************
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	and the second s	
×		
MID 980 499 735		
EPA I.D. NO. (enter from page 1)		
EMI006024129 7/6		
13 14 15	and the second of the second o	
V. FACILITY DRAWING	English of the facility (aggingto	vetions for more detail
All existing facilities must include in the space provided on VI. PHOTOGRAPHS	a page 5 a scale drawing of the facility (see institu	actions for more declary.
All existing facilities must include photographs (ae	rial or ground level that clearly delineate	e all existing structures; existing storage
treatment and disposal areas; and sites of future sto	orage, treatment or disposal areas (see inst	ructions for more detail).
VII. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & second	ds) LONG	GITUDE (degrees, minutes, & seconds)
431250		86115000
65 66 67 68 69 - 71		72 - 74 75 76 77 - 79
VIII. FACILITY OWNER		
A. If the facility owner is also the facility operator a skip to Section IX below.	s listed in Section VIII on Form 1, "General Info	ormation", place an "X" in the box to the left and
B. If the facility owner is not the facility operator as	s listed in Section VIII on Form 1, complete the	following items:
1. NAME OF FAC	ILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E E		
E 15 16 16 16 16 16 16 16 16 16 16 16 16 16		55 56 - 58 59 - 61 62 - 6
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST. 6. ZIP CODE
F .	G	
15 16	45 15 16	40 41 42 47 - 51
IX. OWNER CERTIFICATION		
		rmation submitted in this and all attached
I certify under penalty of law that I have personall	ly examined and am familiar with the into	bearing the information I believe that the
documents and that based on my inquiry of those	e individuals immediately responsible for o	obtaining the information, I believe that the
documents, and that based on my inquiry of those submitted information is true, accurate, and comp	e individuals immediately responsible for o lete. I am aware that there are significant p	obtaining the information, I believe that the
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment.	e individuals immediately responsible for o lete. I am aware that there are significant p	obtaining the information, I believe that the
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type)	e individuals immediately responsible for o lete. I am aware that there are significant p	penalties for submitting false information,
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse	e individuals immediately responsible for o lete. I am aware that there are significant p	penalties for submitting false information,
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse Group Vice Pres., Power Products	e individuals immediately responsible for o lete. I am aware that there are significant p	penalties for submitting false information, C. DATE SIGNED
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse Group Vice Pres., Power Products X, OPERATOR CERTIFICATION	e individuals immediately responsible for our lette. I am aware that there are significant processing in the significant proce	penalties for submitting false information, C. DATE SIGNED 11/18/80
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse Group Vice Pres., Power Products	g individuals immediately responsible for or olete. I am aware that there are significant processing in the second	c. DATE SIGNED 11/18/80 permation submitted in this and all attached obtaining the information, I believe that the
documents, and that based on my inquiry of those submitted information is true, accurate, and compincluding the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse Group Vice Pres., Power Products X, OPERATOR CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of those submitted information is true, accurate, and comp	g individuals immediately responsible for or olete. I am aware that there are significant processing in the second	c. DATE SIGNED 11/18/80 permation submitted in this and all attached obtaining the information, I believe that the
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse Group Vice Pres., Power Products X, OPERATOR CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment	g individuals immediately responsible for or olete. I am aware that there are significant processing in the second	C. DATE SIGNED 11/18/80 penalties for submitted in this and all attached obtaining the information, I believe that the penalties for submitting false information,
documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment. A. NAME (print or type) N. F. Kruse Group Vice Pres., Power Products X, OPERATOR CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of those submitted information is true, accurate, and comp including the possibility of fine and imprisonment	g individuals immediately responsible for or olete. I am aware that there are significant processing in the second	C. DATE SIGNED 11/18/80 penalties for submitted in this and all attached obtaining the information, I believe that the penalties for submitting false information,



Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/incl	h).		ř.	· · · · · · · · · · · · · · · · · · ·	Form Approved OMB No. 1	58-RC	175	442
				CTION AGENCY	I. EPA I.D. NUMBER			
CA	onsoli	dated	Permits P		F M I D 0 0 6 0 2	4	1 2	9 D
LABELITEMS		1			GENERAL INSTR			ed affix
I. EPA I.D. NUMBER	ote	35	00		it in the designated space, ation carefully; if any of it	Revie	w the	inform-
III. FACILITY NAME	29	- 0	11) 9	100 49672	through it and enter the cappropriate fill-in area bel	orrec	t dat	ta in the
V FACILITY SEALED POW	ER (CORI	PORATIO	N 7 1 133	the preprinted data is abseleft of the label space lis	ts the	e infi	ormation
100 TERRAC			ll,	Jarry	that should appear), please proper fill—in area(s) belo	w. If	the	label is
MUSKEGON,	ML,	4941	13	addiese	complete and correct, you items i, III, V, and VI (must be completed regard	ехсер	t VI-	B which
VI. FACILITY			.5		items if no label has been the instructions for deta	provi	ded.	Refer to
	7			PRINTED IN U.S.A.	tions and for the legal at which this data is collected,			
II. POLLUTANT CHARACTERISTICS	TE							
INSTRUCTIONS: Complete A through J to determine								
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no"	' to ea	ach q	uestion, y	ou need not submit any of thes	se forms. You may answer "no	" if y	oura	olumn ctivity
is excluded from permit requirements; see Section C of the		announced by		o, Section D of the instructions	for definitions of bold-faced	term	or processing	
SPECIFIC QUESTIONS	YES	MAR NO	FORM ATTACHED	SPECIFIC Q		YES	Committee of the last	K'X' FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		X			inimal feeding operation or		X	
(FORM 2A)	16	17	18	discharge to waters of the		19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	X				will result in a discharge to	7	X	
A or B above? (FORM 2C) E. Does or will this facility treat, store, or dispose of	22	23	24		t at this facility industrial or	25	26	27
hazardous wastes? (FORM 3)	X		X		the lowermost stratum con- rter mile of the well bore,		X	
G. Do you or will you inject at this facility any produced		29	30		at this facility fluids for spe-	31	32	33
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of		Х		cial processes such as mi	ining of sulfur by the Frasch of minerals, in situ combus-		Х	
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		35	36	tion of fossil fuel, or rec (FORM 4)	overy of geothermal energy?	37	38.	39
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in- 				J. Is this facility a propose NOT one of the 28 indu	strial categories listed in the			
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the		X		per year of any air pollute	rill potentially emit 250 tons ant regulated under the Clean	ooh	X	omed.
Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	41	42	Air Act and may affect of area? (FORM 5)	r be located in an attainment	43	44	45
III. NAME OF FACILITY			D A F					
15 16 - 29 30) R .	P. O.	RAT	ION		69		
A. NAME & TITLE (last, fi	irst &	title)		8.	PHONE (area code & no.)			
DAN GIRVAN ENVIR	TT	$\neg \neg$						
15.1 16 V. FACILITY MAILING ADDRESS				45 46 -	48 49 - 51 52 - 55			
A. STREET OR P.O.								
3 1 0 0 TERRACE PLAZA		1 1						
B. CITY OR TOWN				C.STATE D. ZIP COD	DE L			
4 MUSKEGON	I I			MI 4944				
VI. FACILITY LOCATION	(A) Carlo	100	STELLING STREET	40 41 42 47	BIT TO THE REAL PROPERTY OF THE PERTY OF THE			
A. STREET, ROUTE NO. OR OTHER S								
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B. COUNTY NAME		1000	190 10					
MUSKEGON			1 1	4944	4			
C. CITY OR TOWN				D.STATE E. ZIP COD	(If known)			
6 MUSKEGON				MI 4944				
EPA Form 3510-1 (6-80)	A	101	1 10	B. 1980	51 52 - 54 CONTI	NUE	ON F	EVERSE

<u> </u>	The second secon
GREY IRON FOUNDRY (specify) (sp	B. SECOND
III. CERTIFICATION (see instructions) A. NAME S. E. A. L. E. D. P. O. W. E. R. C. O. R. P. O. R. A. T. I. O. N. S. E. A. L. E. D. P. O. W. E. R. C. O. R. P. O. R. A. T. I. O. N. S. E. A. L. E. D. P. O. W. E. R. C. O. R. P. O. R. A. T. I. O. N. S. E. A. L. E. D. P. O. W. E. R. C. O. R. P. O. R. A. T. I. O. N. S. E. A. L. E. D. P. O. W. E. R. C. O. R. P. O. R. A. T. I. O. N. S. E. STATE O. = O. T. E. E. STREET OR P.O. BOX O. O. T. E. R. R. A. C. E. P. L. A. Z. A. F. C. I. Y. O. R. T. O. N. M. U. S. K. E. G. O. N. EXISTING ENVIRONMENTAL PERMITS A. N. P. DES (Discharges to Surface Water) N. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. I. O. O. 4. O. 5. 7. N. M. M. M. I. O. O. 4. O. 5. 7. N. M. M. M. I. O. O. 4. O. 5. 7. N. M. M. M. M. I. O. O. 4. O. 5. 7. N. M. M. M. M. I. O. O. 4. O. 5. 7. N. M. M. M. M. M. I. O. O. 4. O. 5. 7. N. M.	1 4 (specify) MACHINING
III. OPERATOR INFORMATION SEALED POWER CORPORATION C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if F = EDERAL M = PUBLIC (other than federal or state) (specify) (CORPOR = PRIVATE O = OTHER (specify) (SPECIF	D, FOURTH
SEALED POWER CORPORATION SEALED POWER CORPORATION SEALED POWER CORPORATION C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if F=EDERAL M=PUBLIC (other than federal or state) (specify) S=STATE O=OTHER (specify) P=PRIVATE E. STREET OR P.O. BOX O.O. TERRACE PLAZA F. CITY OR TOWN MUSKEGON MUSKEGON MUSKEGON MIOOO 4057 PPE EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) NMIOOO 4057 PPE B. USCHORGES TO SURFACE Water) C. RCHA (Hazardous Wastes) C. RCHA (Hazardous Wastes) C. RCHA (Hazardous Wastes) E. OTHER (specify) THE ORIGINAL STATES OF THE ASSESSION OF PROCESSION OF THE ASSESSION OF THE AS	(specify)
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C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if F = FEDERAL S = STATE O = OTHER (specify) P = PRIVATE E. STREET OR P.O. BOX O.O. T.E.R.R.A.C.E. P.L.A.Z.A F. CITY OR TOWN M.U.S.K.E.G.O.N EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) N.N. M.D. O.O. 4.O. 5.7 N.N. M.D. O.O. 4.O. 5.7 N.D. U.G. (Underground Injection of Fluids) E. OTHER (specify) D. PSD (Air Emissions from Province Internation of Fluids) E. OTHER (specify) D. D. C. T. I. S. D. D. C. T. I. S. E. OTHER (specify) D. D. D. C. T. I. S. E. OTHER (specify) D. D. D. C. T. I. S. E. OTHER (specify) D. D	B. Is the name listed Item VIII-A also t owner?
F = FEDERAL S = STATE O = OTHER (specify) E. STREET OR P.O. BOX O O TERRACE PLAZA F. CITY OR TOWN MUSKEGON MUSKEGON EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) N MIOUNG (Air Emissions from Proling in the continuous of the continuo	Other", specify.) D. PHONE (area code & no.)
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MUSKEGON EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) B. UIC (Underground Injection of Fluids) C. RCRA (Hazardous Wastes) C. RCRA (Hazardous Wastes) A. MAP Attach to this application a topographic map of the area extending to at least the outline of the facility, the location of each of its existing and proposed reatment, storage, or disposal facilities, and each well where it injects fluid water bodies in the map area. See instructions for precise requirements. II. NATURE OF BUSINESS (provide a brief description) This facility consists of a grey iron four producing piston rings and other small part attachments and that, based on my inquiry of those persons immediately application, I believe that the information is true, accurate and complete. I felse information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) B. SIGNATURE B. SIGNATUR	55
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MIOOO4057 NIOUNDERGE SECTION MIOOO04057 NIOUNDERGE SPECIFY R C. RCRA (Hazardous Wastes) E. OTHER (specify) R Solution of the area extending to at least the outline of the facility, the location of each of its existing and proposed reatment, storage, or disposal facilities, and each well where it injects fluid water bodies in the map area. See instructions for precise requirements. III. NATURE OF BUSINESS (provide a brief description) This facility consists of a grey iron four producing piston rings and other small par producing piston rings and other small par false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) N. F. Kruse	THE RESIDENCE OF THE PARTY OF T
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C. RCRA (Hazardous Wastes) E. OTHER (specify) R III. CERTIFICATION (see instructions) I certify under penalty of law that I have personally examined and am familiattachments and that, based on my inquiry of those persons immediately application, I believe that the information is true, accurate and complete. I false information, including the possibility of fine and imprisonment. E. OTHER (specify) R 9 10 11 12 13 14 15 15 15 15 16 17 18 18 19 10 11 11 12 13 14 15 15 16 17 18 18 19 10 11 11 12 13 14 15 16 17 18 18 19 19 10 10 11 11 11 12 13 14 15 16 16 17 17 18 18 19 19 10 10 11 11 11 11 12 13 14 15 16 16 17 17 18 18 19 19 10 10 10 10 11 11 11 11	(specify)
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N. F. Kruse	responsible for obtaining the information contained in the
	C. DATE SIGNED
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OMMENTS FOR OFFICIAL USE ONLY	11/18/80
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A Form 3510-1 (6-80) REVERSE	11/18/80

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В.	PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C). PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.																										
	PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process. 1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of																										
	2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																										
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III. PROCESSES (continued)	Walnut - C. H. A. Mangaciki sa a na - 20 laina	
C. SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.	FOR DESCRIBING OTHER PROCESSES (code "TO4	("). FOR EACH PROCESS ENTERED HERE
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TITLE IN A STOP A COMP PT LOCKER AND		

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis, For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant,

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill,

		Α.					UNIT												D. PROCESSES
LINE NO.	WA	45	TE	RD. NO	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	MEA- URE enter ode)			3	1.	PRO	OCE (e)		s cor	ES			2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900		P	T	0	3	L	8	0						
X-2	D	0	0	2	400		P	T	0	3	L	8	0				7		
X-3	D	0	0	1	100		P	T	0	3	L	8	0)	M. C			1	
X-4	D	0	0	2								J							included with above

Continued from page 2, NOTE: Photocopy this page before completing if y Form Approved OMB No. 158-S80004 ave more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) MID006024129 DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C.UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTE NO (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE LINE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 29 27 - 29 27 36 P TOl F001 200,000 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 23 24 25 EPA Form 3510-3 (6-80) CONTINUE ON REVERSE OF 5

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	(continued)			right regin				
E. USE THIS SPACE TO LIST ADDITIONAL P	ROCESS CODES FRO	OM ITEM D(1) ON PAG	her all.				•	iv.
				oto				
EPA I.D. NO. (enter from page 1)								
FM 1006024129 6								
V. FACILITY DRAWING					13/01/9		0.00	
All existing facilities must include in the space provided	on page 5 a scale drawing	ng of the facility (see instruc	tions for more	detail).	mark (Ard Inst			
VI. PHOTOGRAPHS		270223						
All existing facilities must include photographs (aerial or ground—leve	// that clearly delineate	all existing str	ucture	es; exis	ting sto	orage,	
treatment and disposal areas; and sites of future	storage, treatment or	disposal areas (see instru	ictions for me	ore det	a11).			
VII. FACILITY GEOGRAPHIC LOCATION		LONG	TIDE (degrace	minut	os & so	conds)	- into	
LATITUDE (degrees, minutes, & seco	onds)	Longi	TUDE (degrees,		11	T		
	onds)	LONGI	8 6 1		es, & sec	T		
LATITUDE (degrees, minutes, & seco	onds)	LONGI			1 1	T		
VIII. FACILITY OWNER A 1 2 5 0 VIII. FACILITY OWNER			861	5	0 0 0		the left	and
LATITUDE (degrees, minutes, & second 4 3 1 2 5 0 65 66 67 68 69 - 71			861	5	0 0 0		the left	and
VIII. FACILITY OWNER A 1 2 5 0 VIII. FACILITY OWNER	r as listed in Section VIII	on Form 1, "General Infor	8 6 1 75 mation", place	5 76	0 0 0		the left	and
VIII. FACILITY OWNER A. If the facility owner is also the facility operator skip to Section IX below. B. If the facility owner is not the facility operator	r as listed in Section VIII	on Form 1, "General Infor	8 6 1 75 mation", place	5 76 2	0 0 0 7 - 79	box to		and de & no.)
VIII. FACILITY OWNER A lf the facility owner is also the facility operator skip to Section IX below. B. If the facility owner is not the facility operator skip to Section IX below.	r as listed in Section VIII	on Form 1, "General Infor	8 6 1 75 mation", place	5 76 2	0 0 0 7 - 79	box to		
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VIII. FACILITY OWNER A. If the facility owner is also the facility operator skip to Section IX below. B. If the facility owner is not the facility operator 1. NAME OF FA	r as listed in Section VIII	on Form 1, "General Information on Form 1, complete the fines.	mation", place	5 76 3 an "X"	0 0 0 7 - 79	box to 1	area coe	de & no.)
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NVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

EPA Form 8700-13A(5-80) (Revised 11-83)

Complete this section <u>only</u> if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the <u>one</u> code at right that best describes your status during the entire year (see instructions for explanation of codes).

- Non-handler &
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- Closed

Please print/type with elite type (12 characters per inch) This Installation's Non-Regulated Status is Expected to Apply:
II. GENERATOR'S EPA I.D. NUMBER For 1983 Only Permanently
T/AC (1)
T/A C F M I D 9 8 0 4 9 9 7 3 5 1
C303 ENTRY (OFFICIAL USE ONLY):
SEALED POWER CORP - ISANFORD ST PLANT
IV. INSTALLATION MAILING ADDRESS
110101 TIFIRIRIAICIFI IPILIAIZIAI I I I I I I I I I I I I I I I
3 1 0 0 T E R R A C E P L A Z A
Street or P.O. Box
4 M U S K E G O N
City or Town State Zip Code
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V. LOCATION OF INSTALLATION (if different than section IV above)
5 2 0 0 1 S A N F 0 R D S T R E E T
Street or Route number
65 M.U.S.K.F.G.O.N
6 M U S K E G O N M I 4 9 4 4 4 1 15 16
15 16
City or Town State Zip Code VI. INSTALLATION CONTACT
City or Town State Zip Code VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L
City or Town State Zip Code VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L 45 Name (last and first)
City or Town State Zip Code VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L
City or Town State Zip Code VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L 45 Name (last and first)
City or Town State Zip Code VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L
City or Town State Zip Code VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L 45 Name (last and first) 6 1 6 - 7 2 4 - 5 2 3 5 46 Phone No. (area code & no.) VII. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached
VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L 15 16 Name (last and first) 6 1 6 - 7 2 4 - 5 2 3 5 Phone No. (area code & no.) VII. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information,
VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L 45 Name (last and first) 6 1 6 - 7 2 4 - 5 2 3 5 Phone No. (area code & no.) VII. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the
VI. INSTALLATION CONTACT 2 G I R V A N D A N I E L 15 16 Name (last and first) 6 1 6 - 7 2 4 - 5 2 3 5 Phone No. (area code & no.) VII. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information,

FNVIR

MENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: ______Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

M₁ I₁ D₁ 9₁ 8₁ 0₁ 4₁ 9₁ 9₁ 7₁ 3₁ 5

X. FACILITY'S EPA I.D. NO.

M₁ I₁ D₁ O₁ 7₁ 2₁ 5₁ 8₁ 5₁ 7₁ 5₁ 5₁ 16
28 IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Tricil Environmental Services

XI. FACILITY ADDRESS

3030 Wood Street Muskegon Heights, MI 49444

XII. TRANSPORTATION SERVICES USED

Bush Concrete Products - MID006406060

	ASTE IDENTIFICATION	C. EPA Hazardous O R 9 Waste No. See instructions) D. Amount of Waste	E. Unit of Measure
Sequence #	A. Description of Waste	(see instructions) D. Amount of Waste	E
29 J	Acid, liquid, N.O.S.	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	P 60
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	8		
	9		
	10		
	11		1772
	12		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

XIV. COMMENTS (enter information by section number—see instructions)

ear out here

Do not make entries in shaded areas:

FNIVIR.

MENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

_Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

M | I | D | 9 | 8 | 0 | 4 | 9 | 9 | 7 | 3 | 5

15

X. FACILITY'S EPA I.D. NO.

M|I|D|0|4|8|0|9|0|6|3|3|

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Wayne Disposal, Inc.

XI. FACILITY ADDRESS

P. O. Box 5187 Dearborn, MI 48128

XII. TRANSPORTATION SERVICES USED

Environmental Control Services, Inc. - MIT270011190

XIII. WAS	TE IDENTIFICATION A. Description of Waste	B. DOT Hazard	ode_		Waste	azardous e No. ructions)		D.	An	noun	it of '	Wast	e	E. Unit of Measure
1 29 32	Trichloroethylene	1 2		5 5	$ \mathbf{U}_{1} $	39	42 50 5	<u> </u> 51	<u> </u>		₁ 6	118	8 ₁ 7 59	Р
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11														

XIV. COMMENTS (enter information by section number—see instructions)

ear out here

ENVIRC MENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date recid: Recid b

VIII. GENERATOR'S EPA I.D. NO.

M | I | D | 9 | 8 | 0 | 4 | 9 | 9 | 7 | 3 | 5 | 13 | 14 | 15

X. FACILITY'S EPA I.D. NO.

0₁H₁D₁0₁9₁3₁9₁4₁5₁2₁9₁3₁

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Solvent Resource Recovery Corporation

XI. FACILITY ADDRESS

P. O. Box 453 West Carrollton, OH 45449

XII. TRANSPORTATION SERVICES USED

Solvent Resource Recovery Corporation - OHD017609900

XIII. WAS	XIII. WASTE IDENTIFICATION C. EPA Hazardous Waste No. Waste No. (see instructions) D. Amount of Waste													E. Unit of Measure			
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XIV. COMMENTS (enter information by section number-see instructions)

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